

Henry J. Robinson School
110 June Street
Lowell, Massachusetts 01850

Tel: 978-937-8974
Fax: 978-937-8988

Bridget Dowling, Principal
Carl DeRubeis, Assistant Principal
Dr. Michael Rossetti, Assistant Principal

Dr. Joel Boyd, Superintendent

March 18, 2022

Lowell Public Schools

155 Merrimack Street

Lowell, MA 01850

Dear Dr. Boyd,

On behalf of Robinson Middle School, we respectfully request permission for grade eight students along with staff Tracy Young, Nicole Gangi, Ying Wu, Tyler Schermerhorn, Jennifer Rudolph, Jackie Heslin and Jocelyn Morrow Anderson to attend a 1-day field trip to Canobie Lake Park in Salem, NH on , June 17, 2022.

At the park, students will celebrate the culmination of their elementary school experience, in preparation for the next step in their education, high school.

The cost of the trip is \$20.00 per student. Tickets into the park are \$29 a piece, and an additional \$5 per student for busing costs to and from the park. The primary funding source for the field trip is the Robinson Sustainability Grant, under student hallmark experience, with student fundraising supplementing the additional \$14.00 per student . The cost includes transportation to and from Canobie Lake Park. Substitute teachers are not required for this trip.

Thank you for your consideration of this request.

Sincerely,

Bridget Dowling

Principal

"We Promote the Love of Learning"

FIELD TRIP REQUEST FORM

(Must be turned in 6 weeks in advance, with field trip checklist attached)

A trip is considered an official Robinson field trip when it is connected to any

(School's name)

class, student activity, club, sport or special program whether they occur on a school day or on a weekend.

A field trip form MUST be filed with the Principal's signature (4) weeks prior to the event. The Principal's signature is required for ALL trips. *Keep a copy of this request for your files.*

Name: Brigit Dawling Date: 3/28/22

Name and cell phone # of staff member on trip: (917) 849-3285 Ying Wu

Date of the trip: 6/17/22

Hours: Leaving: 7:30
Returning: 1:30

Number of Students: 189 Number of
Chaperones: 11

Description of Field Trip: 8th grade culminating field trip
to Canobie Lake Park.

Type & Number of Vehicles: 4 buses Approximate
Mileage: _____

Charges to Student (p/p): 20.00 Charge to School \$6626.00
Dept.: _____

Transportation: NRT
Transportation: 1144.80

Entry Fees: 29.00 per person Entry
Fees: 5481.00 total

Meals: Arr mark Meals: Arr mark

How many substitute teachers are you requesting?: 0

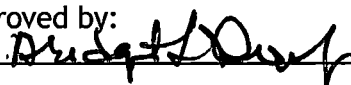
1 Full Day or Specific Times: From: 8:00 To: 1:30

You are required to meet the following conditions:

- Obtain parental and teacher permission
- Obtain volunteer/parent CORI forms and submit to H.R. office (4) weeks prior
- Notify Principal of students attending
- Meet all requirements of the field trip site
- File a post-trip report to the Principal

- Arrange for students to be returned to school/home

Reviewed/Approved by:

Principal: 

Date: 3/28/22

Lowell Public Schools: OVERNIGHT/ FIELD TRIP CHECKLIST [revised 03/01/12]

The School Committee recognizes that first-hand learning experiences provided by field trips are a most effective and worthwhile means of learning. It is the desire of the Committee to encourage field trips as an integral part of the program of the schools.

Specific guidelines and appropriate administrative procedures shall be developed to screen, approve and evaluate trips and to ensure that all reasonable steps are taken for the safety of the participants. These guidelines and appropriate administrative procedures shall ensure that all field trips have the approval of the principal and that all overnight trips have the prior approval of appropriate Administrative level.

Approval of the School Committee must be granted prior to money being collected, arrangements being made, or parental consent being issued for all overnight field trips.

The following guidelines are set to implement the planning of field trips as part of, and directly related to, classroom learning activities. All guidelines must be included in the request.

n/a

The application for approval for an overnight field trip which requires students to miss a day or more of school must include written justification from the teacher proposing the trip.

n/a

The application for approval for an overnight field trip which requires students to miss a day or more of school must include a written statement of the learning standards the trip will address.

n/a

The application for approval for an overnight field trip must include an itemization of all costs associated with the trip and the funding source.

✓

All proposed field trips must have the approval of the school building administrator.

✓

All day trips must be within budgetary allotments for such purpose and be approved by the superintendent. Any trip, for which there is no budget allotment, must have advance approval of the School Committee.

✓

Each student who goes on a field trip must have written parental permission.

✓

Enough supervision must be provided so that discipline on the trip is effective.

✓

All trips must be well planned, properly timed, and related to regular learning activities.

✓

NEW: All Chaperones/other adults MUST be corried. Please list chaperones that are

attending: Ying Wu, N. Gangi, J. Radolph, K. Fpir, M. Rhadez
T. Schermerhorn, J. Heslin, T. Young, J. Morrow-Anderson,
J. medsnels

Signature of Principal / Headmaster: Bridgette Duf Date 3/25/12

Signature of Central Administrator: _____ Date _____

**Confirmation**

Trip #: 54125

Trip Date: 17-Jun-2022

Lowell Public Schools

155 Merrimack Street

Lowell, MA 01852

Contact: Karina Rivera

Contact Email: krivera@lowell.k12.ma.us

Phone: (978) 674-4320

Booked Date: 25-Mar-2022

Total Vehicles: 4

Sales Person: Katie Binette

Big Bus

4 x \$286.20 = \$1,144.80

Pick Up	17-Jun-2022 8:00 AM	Robinson School	110 June St Lowell, MA 01850
Drop off at Destination	17-Jun-2022 8:24 AM	Canobie Lake Park	85 North Policy St Salem, NH 03079
Pick Up At Destination	17-Jun-2022 1:06 PM	Canobie Lake Park	85 North Policy St Salem, NH 03079
Drop Off	17-Jun-2022 1:30 PM	Robinson School	110 June St Lowell, MA 01850

Total: \$1,144.80

Do not pay off of this confirmation.



P.O. BOX 190
85 NORTH POLICY ST
SALEM NH 03079
PHONE: 603-893-3506 EXT. 4854

TO: Robinson Middle School
110 June Street
Lowell MA 01850
Bridget Dowling
978-937-8974

ESTIMATE NUMBER

SCH33249

ESTIMATE DATE

Mar 25, 2022

REGISTRATION NUMBER:

210725

Outing Date: Friday, June 17, 2022

Arrival Time: 10:30 AM

Projected Attendance: 207

Applicable Rate Per Person: \$29.00

189 Group Tickets @ \$29.00 EACH.

\$5,481.00

18 Total Complimentary Chaperone(s)

\$0.00

* All prices quoted are based upon:

- Date of outing
- Total number of persons in the group
- Arrival time

If any of these factors change, the estimate may be effected. Canobie Lake Park does not accept Purchase Orders and will not bill your organization. Payment, in full, is required at the time the tickets are issued.

* Federal Tax ID# 020242479

ESTIMATE TOTAL

\$5,481.00

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

~Please fill out all provided fields to avoid any delays of the approval process~

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Janelis Medina
School: Robinson Grade Level: 8 Subject: CSA
Workshop Title: Field trip- Camanche Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: Ø
Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (X)

*Overnight ()

(Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: [Signature] Date: _____

Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: _____ Date: _____

Sub Reserved: _____ Date: _____

Request Denied by: _____ Date: _____

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: James McDaniels

School: Robinson Grade Level: 8 Subject: ESL

Workshop Title: Field Trip - Cambe Lake

Organization/Department Presenting Workshop: Gr. 8 Cost: 0

Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? ☒ No ☐ Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State () *Out of State ☒ *Overnight () (Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: [Signature] Date: 4/11/22

Signature of Approval by Principal: [Signature] Date: 3/29/22

Please provide source of funding, account number and/or grant name, and number for workshop and substitute

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Jody Morrow Anderson +
School Robinson Grade Level: 8 Subject: Special Ed
Workshop Title: Field trip- Canby Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: 0
Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (X)

*Overnight ()

(Please ☒ one)

**** Letter to the Superintendent of Out of State/Overnight attached ****

Signature of Applicant: Jody Morrow Anderson Date: 3/4/1/22

Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Michelle Rhoads
School: Robinson Grade Level: 8 Subject: Language Based
Workshop Title: Field trip- Canobie Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: 0
Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? ☒ No ☐ Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State () *Out of State ☒ *Overnight () (Please ☒ one)

**** Letter to the Superintendent of Out of State/Overnight attached ****

Signature of Applicant: Michelle Rhoads Date: 3/29/22
Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

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Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
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Sub Reserved: _____ Date: _____

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Jackie Holm
School: Robinson Grade Level: 8 Subject: math
Workshop Title: Field trip- Camanche Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: 0
Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (X)

*Overnight ()

(Please ☒ one)

**** Letter to the Superintendent of Out of State/Overnight attached ****

Signature of Applicant: _____ Date: 6/17/22

Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Tyler Selmerman

School: Robinson Grade Level: 8 Subject: ELA

Workshop Title: Field trip- Canby Lake

Organization/Department Presenting Workshop: Gr. 8 Cost: 0

Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (H)

*Overnight ()

(Please ☒ one)

**** Letter to the Superintendent of Out of State/Overnight attached ****

Signature of Applicant: Tyler Selmerman Date: 4/1/22

Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

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Sub Reserved: _____ Date: _____

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Ying Wu

School Robinson Grade Level: 8 Subject: Math

Workshop Title: Field trip- Canabae Lake

Organization/Department Presenting Workshop: Gr. 8 Cost: 0

Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State () *Out of State (X) *Overnight () (Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: [Signature] Date: 4/11/22

Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Tracy Young + _____
School Robinson Grade Level: 8 Subject: ELA
Workshop Title: Field trip - Canaboe Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: 0
Date(s) of Workshop: 6/17/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (X)

*Overnight ()

(Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: Tracy Young Date: 4/11/22

Signature of Approval by Principal: B. Sgt. J. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Jennifer Rudolph +
School Robinson Grade Level: 8 Subject: Science
Workshop Title: Field trip- Camanche Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: 0
Date(s) of Workshop: 6/17/22
Substitute Coverage Needed? No Yes (Please circle one)
If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State ☒

*Overnight ()

(Please ☒ one)

**** Letter to the Superintendent of Out of State/Overnight attached ****

Signature of Applicant: [Signature] Date: 04/01/2022
Signature of Approval by Principal: Bridget L. Dwyer Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Nicole Gangi
School: Robinson Grade Level: 8 Subject: Social Studies
Workshop Title: Field trip- Canaboe Lake
Organization/Department Presenting Workshop: Gr. 8 Cost: 0
Date(s) of Workshop: 6/17/22
Substitute Coverage Needed? No Yes (Please circle one)
If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State (X)

*Overnight ()

(Please ☒ one)

**** Letter to the Superintendent of Out of State/Overnight attached ****

Signature of Applicant: [Signature] Date: 4/1/22
Signature of Approval by Principal: [Signature] Date: 3/29/22

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
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Individual School Fund #			
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